

CHOOSE ONE OPTION

(_____) Retire all allocated capital credits of decedent **now** for a discounted present value payment. The allocated amount is \$_____ and the **present value to be paid** is \$_____. No additional capital credits will be allocated or paid to the decedent.

Make the check payable to:

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Social Security Number:_____

(Attach additional sheets as needed)

(_____) Assign the decedent’s allocated capital credits to the following successors(s) to be retired when authorized by the cooperative’s Board of Directors.

Please assign the decedent’s capital credits to his/her successor(s) as follows:

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Social Security Number:_____

(Attach additional sheets as needed)

Dated this _____ day of _____, 20_____.

Successor of Decedent

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

Notary Public
For the State of North Dakota
My Commission Expires: _____